

SHEPPARD (J.E.)

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and at the New York Polyclinic;
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HYSTERIC MASTOIDITIS.*

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I AM not certain whether this term has been used in the writings on otology; if it has, I have not seen it. But whether it has or not, it is not my object to introduce any new term, which, I confess, I should be loath to do, but because I know of no other term so applicable to the following three histories:

CASE I.—May M., American, aged eighteen years, ear patient No. 29,703 at the Brooklyn Eye and Ear Hospital; was first seen July 14, 1892. Is a worker in a bookbindery; general health rather poor than good; was sent to my clinic by Dr. J. S. Wood on account of her mastoid symptoms. The history she gave was of deafness in both ears for three years, and for the past three weeks pain in, and tenderness around, the right ear. H. D. R. w. $\frac{1}{60}$; L. w. $\frac{3}{60}$; wh. R. 4", L. 5'. Mid-

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dle C tuning fork heard louder and longer by bone conduction than by air conduction in both ears; from the vertex, heard longer in the left ear. Before Dr. Wood saw her she had been treated by some one who had blown some powder (boric acid?) into the right canal, though for what purpose does not appear, as she gave no history of a discharging ear. Right canal still has a little of this powder adhering to the walls; the posterior wall looks a little redder than normal. Left canal normal. Right membrana tympani, considerable opacity, slight retraction; light reflex small and hazy. Left membrana tympani the same. There is apparently tenderness in the right canal, as well as below, in front of, and behind the auricle, over the mastoid. In the history I recorded that by otherwise occupying her attention firm pressure could be made over the tender parts without any evidence of pain, thus distinguishing this condition from furuncle, the disease with which it is most likely to be confounded. I gave the opinion that the trouble was hysterical, and ordered the ear left entirely alone; that the subject be entirely avoided or ignored by the family; and that the patient take sodii bromidi, gr. xv t. i. d. Five days later patient returned with the pain and tenderness almost entirely relieved, which relief proved to be permanent.

CASE II.—Maggie M., aged twenty-one years, servant, born in Ireland, was referred by Dr. C. A. Whitney to me at the New York Polyclinic, where I first saw her on May 11, 1895. She says her general health is not very good, owing to some uterine trouble. Her head trouble she attributes to a fall of three stories down an elevator shaft, striking on her head. This fall occurred two years ago. For about a half hour after the fall there was bleeding from the left ear and from the nose; about two hours after the fall she became unconscious, remaining so for ten or twelve hours. Throughout the following day—not longer—she was very dizzy.

Her present ear trouble dates back two months, during which she says she has had pain in the right ear much of the time (has never during the two months been a whole day without pain), but that for the past four days this pain has

been constant, severe, and accompanied by a constant "beating noise," and that for the past forty-eight hours she has felt at three distinct times so extremely dizzy as to almost fall, the tendency being to fall backward and to the right. Never any discharge from the ear except that above mentioned. She says she has no headache; only the pain in the ear. Around the mastoid apex is very great tenderness, but no infiltration. Pressure by the speculum against the posterior canal wall causes pain, but canal looks normal, the same exactly as right canal. Both drum membranes look the same, being slightly retracted and opaque in posterior half, with light reflexes about half size.

H. D. w. R. $\frac{4}{6}$, L. $\frac{6}{6}$. Tuning-fork tests: From vertex heard better in right ear; in the left ear A. C. louder and longer than B. C. for all five of the Hartmann series, but the absolute duration for both air and bone conduction much reduced from the normal, particularly so for bone conduction.

Patient says she had a chill last night, waking out of sleep with it, followed by fever and sweat. She says, further, that six or seven weeks ago she had a small swelling over left mastoid opened at the Vanderbilt Clinic. If this was true—which I doubt—it was a very minute opening, as the only mark which could possibly be taken for a cicatrix was a very indistinct one not over a quarter of an inch in length.

The diagnosis between true and hysterical mastoiditis was not easily made, in spite of the fact that some of the symptoms of the genuine disease were absent, and that some of the symptoms present did not necessarily belong to the disease. Still, my suspicions were aroused when I first saw her, so that for two or three days she was put on bromides and carefully watched at home. The proposal of an operation did not lessen the symptoms in the least; on the contrary, she seemed greatly disappointed when I finally told her very positively that I could cure her without operation. After watching her and making the diag-

nosis clear to my own mind, I determined that the best and quickest, though possibly not the only, method of cure would be by suggestion. Two séances of incomplete hypnosis with suggestion sufficed to bring about entire relief from all her symptoms. Possibly one might have been sufficient, but with the double purpose of greater certainty, as well as of experiment, I decided on two, limiting the suggested time of relief at the first séance, which turned out exactly as had been suggested, and at the second visit only was entire, permanent relief suggested and realized.

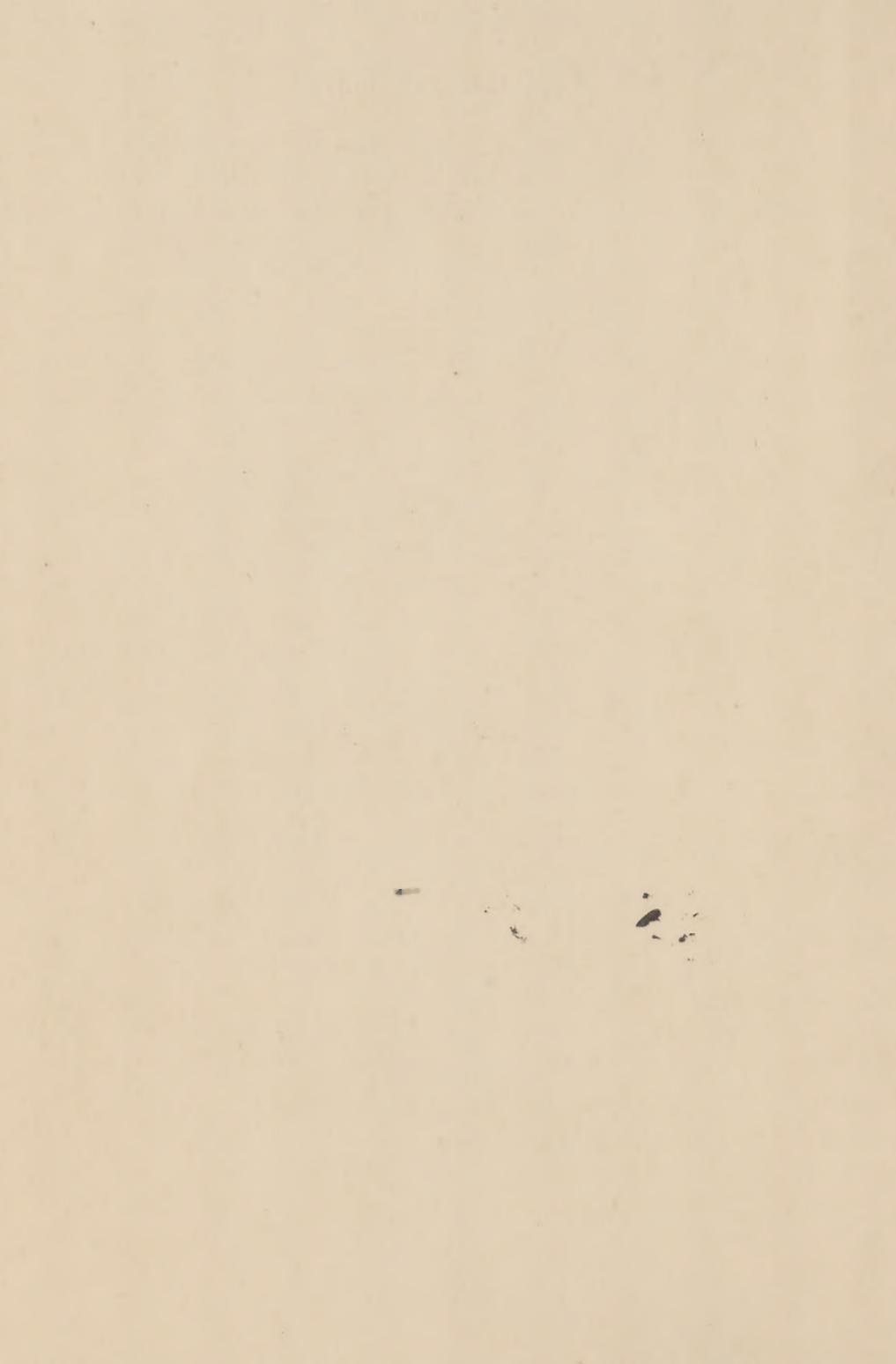
CASE III.—Bridget J., aged twenty-two years, servant, born in Ireland, was referred to me at my office on June 25, 1895, by Dr. J. M. Peacocke for a diagnosis. She has had frequent attacks of quinsy; has consulted several physicians about her present trouble, without relief. About seven months ago had a severe head cold, which was shortly followed by her present trouble. Most of the time since then she has had severe pain in the right ear, as well as in front of, below, and behind the auricle; at first had loud tinnitus, but not much the past three months; has never had any discharge from the ear; has frequently great itching in the external canal; pain at first was so severe as to interfere with sleep, but not latterly; at times the pain is almost as severe in the left ear as in the right. H. D. w. R. $\frac{26}{60}$, L. $\frac{60}{60}$. Tuning fork at vertex heard equally in the two ears; A. C. louder and longer than B. C. in both ears. R. and L. meatuses normal; R. and L. membranes alike, not retracted, marked opacity, light reflex about half-sized and dim; right Eustachian tube normal; nothing in the nose, nasopharynx, or teeth to account for the pain.

I sent to Dr. Peacocke the opinion that the trouble was a hysterical one, and recommended that it be treated by suggestion. As to whether or not this was done, and, if so, with what success, I am unable to state.

I am actuated, in bringing these cases before the profession, by the belief that such cases may be unnecessarily

operated upon unless we bear in mind the facts which, I think, these three cases prove—viz., that hysterical mastoiditis is a condition with which we may at any time be confronted, and that it may present symptoms so closely simulating the real disease as, at times, to make a diagnosis between them no easy matter.

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